

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

Requirements for Third Party Liability -
Identifying Liable Resources

- (1) The provider must indicate, in writing, either on the hardcopy claim form or a separate form that he had billed the third party and has not received payment. The TPL unit will verify with the insurance carrier the availability of third party payments and if the payments are available, the TPL unit will bill the third party for reimbursement to the Medicaid program. If the absent or custodial parent is to make medical support payments, in cash, through the clerk of courts office, the TPL unit will bill the absent or custodial parent for medical services on a routine schedule, not to exceed every sixty (60) days if there has been Medicaid payments on behalf of the child(ren). For those absent parents who are court ordered to provide health insurance, the TPL unit will pay and chase the Medicaid claims. If the provider uses electronic billing, the TPL unit will do selective monitoring to verify provider compliance with this regulation. This will be done by selecting a sample of recipients with TPL available and securing the paid claim history for the proceeding three (3) months for these recipients and verify with the third party carrier the information the provider furnished on his claim form.

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- (2) The State of North Carolina will pay and chase those claims for prenatal and preventive pediatric services including EPSDT for those recipients that have major medical insurance coverage. The TPL unit will accumulate these claims for a period of six (6) months and bill the major medical carriers for payment. The first billing will be done in January, 1992, for claims paid May 7, 1991 to December 31, 1991. After that, they will be billed to the insurance carrier each July and January for the preceding six (6) months.
- (3) North Carolina does not use a threshold for TPL claims processing. We cost avoid all claims, except those for which we have a waiver, when there is health insurance indicated on the TPL data base and recipient eligibility file.
- (4) All claims for a recipient related to a trauma diagnosis code between 800.00 and 999.99 are accumulated for a period of one (1) month and a questionnaire is mailed to that recipient at the end of the month requesting information related to a possible accident and any and all information regarding the liable party and/or the recipient's attorney. See Attachment 3 in the North Carolina TPL Action Plan for a sample copy of the questionnaire.

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- (5) North Carolina has a waiver to pay and chase pharmacy claims. We accumulate these claims for a period of six (6) months and bill the respective insurance carrier. Each of our semiannual collections, to date has exceeded \$500,000. Our cost to benefit ratio to cost avoid pharmacy claims is 1:8. Our cost benefit ratio to pay and chase pharmacy claims is 1:11.6.